

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Child Support Enforcement**WAIVER OF PATERNITY AFFIDAVIT**

(THIS IS A LEGAL DOCUMENT, PLEASE TYPE OR PRINT IN BLACK INK.)

**AFFIDAVIT OF PRESUMED FATHER****STATE OF** \_\_\_\_\_ )

ss.

**AFFIDAVIT****County of** \_\_\_\_\_ )I, \_\_\_\_\_, being duly sworn upon my oath, depose and say:  
(*Presumed Father's Name - First, Middle, Last*)that I am the former/present husband of \_\_\_\_\_ and that at the time of conception of:  
(*Name of Child's Mother - First, Middle, Last*)*Child 1 Name (First, Middle, Last)**Child 2 Name (First, Middle, Last)**Child 3 Name (First, Middle, Last)*I was married to \_\_\_\_\_, but did not have sexual access to her during the conception period(s).  
(*Name of Child's Mother - First, Middle, Last*)

Therefore, I am not the natural father of the above-named child(ren) and hereby relinquish and waive all legal rights that I might have to the above-named minor child(ren).

Further, I do not object to any proceeding to establish paternity against the natural father. I waive my right to notice of and my right to appear at any hearing for the above-named child(ren).

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Subscribed and sworn or affirmed and acknowledged before me this date: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Notary Public \_\_\_\_\_

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact (602) 274-3792; TTY/TDD Services: 7-1-1.